|        | Floor |                    |                | Use Type Lease   |                 | Dates Re      |                                | ent                    |                     |                                | Expense Recovery              |                                    |                                  | Adjustments |                       |                             |
|--------|-------|--------------------|----------------|--|-----------------|---------------|--------------------------------|------------------------|---------------------|--------------------------------|-------------------------------|------------------------------------|----------------------------------|-------------|-----------------------|-----------------------------|
| Tenant |       | Full<br>or<br>Part | Square<br>Feet | Office<br>Retail<br>Industrial<br>Warehouse<br>Storage<br>Garage | From<br>(MM/YY) | To<br>(MM/YY) | Initial<br>Annual<br>Base Rent | Current<br>Annual Rent | Rent<br>Escalations | Overage/<br>Percentage<br>Rent | Commom<br>Area<br>Maintenance | Operating<br>Expense<br>Escalation | Real Estate<br>Tax<br>Escalation | Free        | Leasing<br>Commission | Tenant<br>Improve-<br>ments |
|        |       |                    |                |  |                 |               |                                |                        |                     |                                |                               |                                    |                                  |             |                       |                             |
|        |       |                    |                |  |                 |               |                                |                        |                     |                                |                               |                                    |                                  |             |                       |                             |
|        |       |                    |                |  |                 |               |                                |                        |                     |                                |                               |                                    |                                  |             |                       |                             |
|        |       |                    |                |  |                 |               |                                |                        |                     |                                |                               |                                    |                                  |             |                       |                             |
|        |       |                    |                |  |                 |               |                                |                        |                     |                                |                               |                                    |                                  |             |                       |                             |
|        |       |                    |                |  |                 |               |                                |                        |                     |                                |                               |                                    |                                  |             |                       |                             |
|        |       |                    |                |  |                 |               |                                |                        |                     |                                |                               |                                    |                                  |             |                       |                             |
|        |       |                    |                |  |                 |               |                                |                        |                     |                                |                               |                                    |                                  |             |                       |                             |
|        |       |                    |                |  |                 |               |                                |                        |                     |                                |                               |                                    |                                  |             |                       |                             |
|        |       |                    |                |  |                 |               |                                |                        |                     |                                |                               |                                    |                                  |             |                       |                             |
|        |       |                    |                |  |                 |               |                                |                        |                     |                                |                               |                                    |                                  |             |                       |                             |
|        |       |                    |                |  |                 |               |                                |                        |                     |                                |                               |                                    |                                  |             |                       |                             |
|        |       |                    |                |  |                 |               |                                |                        |                     |                                |                               |                                    |                                  |             |                       |                             |
|        |       |                    |                |  |                 |               |                                |                        |                     |                                |                               |                                    |                                  |             |                       |                             |
|        |       |                    |                |  |                 |               |                                |                        |                     |                                |                               |                                    |                                  |             |                       |                             |
|        |       |                    |                |  |                 |               |                                |                        |                     |                                |                               |                                    |                                  |             |                       |                             |
|        |       |                    |                |  |                 |               |                                |                        |                     |                                |                               |                                    |                                  |             |                       |                             |
|        |       |                    |                |  |                 |               |                                |                        |                     |                                |                               |                                    |                                  |             |                       |                             |
|        |       |                    |                |  |                 |               |                                |                        |                     |                                |                               |                                    |                                  |             |                       |                             |
|        |       |                    |                |  |                 |               |                                |                        |                     |                                |                               |                                    |                                  |             |                       |                             |

<sup>\*</sup> ATTACH ADDITIONAL SHEETS IF NECESSARY